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CERTIFICATE OF MAILING

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Patents, PO Box 1450, Alexandria, VA 22313-1450, on October 6, 2003

Tanya Parker

(Typed or Printed Name of Person Mailing Paper or Fee)

Tanya Parker
(Signature of Person Mailing Paper or Fee)

Application Number	:	09/513,439	Confirmation Number: 7935
Applicant	:	Jacek R. Ambroziak	
Filed	:	February 25, 2000	
TC/A.U.	:	2178	
Examiner	:	Schlaifer, Jonathan D.	
Docket Number	:	SUN-P4671	
Customer No.	:	22,835	

Mail Stop: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir,

In response to the office action of **September 16, 2003**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.



2178

CERTIFICATE OF MAILING

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PATENT APPLICATION
Attorney Docket No. SUN-P4671-AES

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF

Jacek R. Ambroziak

Serial No. 09/513,439

Filing Date: February 25, 2000

Title: METHOD AND APPARATUS FOR
CREATING AN INDEX FOR A STRUC-
TURED DOCUMENT BASED ON A
STYLESHEET

)
) Examiner: Schlaifer, Jonathan D.
)
) Group Art Unit: 2178
)
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AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- [x] Response under 37 C.F.R. § 1.111 to official action mailed September 16, 2003.
- [] A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- [] Terminal disclaimer under 37 C.F.R. § 1.321(c), including
 - [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - [] 2 certificates under 37 C.F.R. § 3.73(b).
- [] Information disclosure statement, form 1449 and ___ references.
- [x] No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- [] A check in the amount of \$____ is enclosed.
[] Charge \$____ to Deposit Account No. ____ (Docket No. ____).
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P4671-AES).

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Respectfully submitted,

By



Edward J. Grundler
Registration No. 47,615

Date: October 6, 2003